PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

AMKOR-CZZCBI

CLAIMS AS ELLED BART!												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			20	20				RATE	FEE		RATE	FEE
F	OR		NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC F			BASIC FE	
T	OTAL CHARG	EABLE CLAIMS	20 m	Zo minus 20=		•		X\$ 9=		OR	X\$18=	
IN	DEPENDENT	CLAIMS	2 minus 3 =		•			X43=	1	OR	¥25	1
М	ULTIPLE DEP	ENDENT CLAIM I	PRESENT					+145=	_	7		
• 1	f the differen	ce in column 1 is	s less than z	ero, enter	"0" in (column 2		TOTAL		OR	+290=	
		CLAIMS AS	AMENDEI	MENDED - PART II				IOIAL	·	OR		770
<u>.</u>	,	(Column 1)		(Colum	n 2)	(Column 3)	SMALL ENTIT			OR	SMALL	R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent			***	01 4444	=		.X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
					•	•	L	TOTAL		۱۵۰۱	TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	Α.	DDIT. FEE			ADDIT. FEE!	
MENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
-	Independent	*	Minus	***		=	F	X43=		OR	X86=	
	FINST PRESE	ENTATION OF ML	LTIPLE DEP	ENDENT	LAIM			+145=	 		+290=	
							L	TOTAL	-	TOH L	TOTAL	
	•	(Column 1)		(Column	. 2)	Column 3)	ΑD	DIT. FEE	<u> </u>	OR A	DDIT. FEE	
2		CLAIMS REMAINING AFTER		HIGHES NUMBE PREVIOUS	R	PRESENT		DATE	ADDI- TIONAL	Ī		ADDI-
		AMENDMENT		PAID FO		EXTRA	RATE		FEE		RATE	TIONAL FEE
: H	Total Independent		Minus	**		=		K\$ 9=		OR	X\$18=	
!		<u> </u>	Minus	ENDENT C	1	=	;	X43=	·	OR	X86=	
+145= OB											+290=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL ADDIT. FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OP L	TOTAL	
11	ine Highest Nui	mber Previously Pai ber Previously Paid	d For IN THIS	SPACE ic la	ee than	3 00101 *2 *			ropriate box	· AL	ODIT. FEE L nn 1.	